

Case Number:	CM15-0122235		
Date Assigned:	07/06/2015	Date of Injury:	07/05/2010
Decision Date:	10/07/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/24/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old female, who sustained an industrial injury on 7/05/2010. Diagnoses include chronic bilateral knee pain, bilateral knee internal derangement, status post right knee surgery, knee degenerative joint disease and low back pain. Treatment to date has included diagnostics, surgical intervention (right knee x 2 undated), and conservative care that has included medications including Risperdal, Lisinopril, Motrin, MS Contin, Prilosec and Percocet, aqua therapy, bracing and use of a cane for ambulation. Per the Primary Treating Physician's Progress Report dated 4/29/2015, the injured worker reported bilateral knee pain. Physical examination of the bilateral knees revealed no tenderness upon palpation. Bilateral ranges of motion were restricted by pain in all planes. There was tenderness upon palpation of the medial and lateral joint lines and pre-patellar area of the bilateral knees. The plan of care included medication management and evaluation and Transcutaneous Electrical Nerve Stimulation (TENS). Authorization was requested for AcipHex, Flexeril, Norflex, Tramadol ER, Ultracet and a TENS unit and a 10 panel urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

10 Panel urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web) 2015, Pain Chapter, Urine Drug Screens.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction.

Decision rationale: Guidelines recommend using a urine drug screen to assess for the use or presence of illegal drugs. For patients at low risk for addiction, the urine drug test should be performed within six months of initiation of therapy and on a yearly basis thereafter. Since the patient is at low risk for aberrant behavior and has a previous urine drug screen on 1/5/15, the request for a 10 panel urine drug screen is not medically appropriate and necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Guidelines recommend using muscle relaxants for short term therapy. In this case, the patient had a 40% improvement of functional capacity. The clinical documentation does not provide evidence that the patient has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. The request for Flexeril 7.5 mg #60 is not medically appropriate and necessary.

Tramadol ER 150 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Guidelines note that use of tramadol should include ongoing review and documentation of the patient's pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has previously had tramadol recommended for discontinuation. There is no documentation of the patient's pain relief, functional status, and side effects. The medication tramadol ER 150 mg #30 is not medically appropriate and necessary.

AcipHex 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web) 2015, Pain Chapter , Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Guidelines state that Aciphex is recommended with NSAIDs with precautions based on GI and cardiovascular risk factors. In this case, there is no documentation that the patient has any risk for a gastrointestinal event or is having any symptoms related to NSAIDs. The request for Aciphex 20 mg #30 is not medically appropriate and necessary.

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Guidelines state that muscle relaxants are recommended as a second line option for treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no evidence of objective functional improvement despite being on this medication for an extended period of time. The request for Norflex 100 mg #60 is not appropriate and necessary.

TENS Unit 4 lead: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Guidelines state that a TENS unit is not recommended as a primary treatment modality but a one month trial may be considered. If used as an adjunct to functional restoration. In this case, the patient has access to a 2 lead TENS unit. It is unclear why a 4 lead unit would be required. There is also no documentation that other appropriate pain modalities have been tried and failed. The request for a TENS unit 4 lead is not medically appropriate and necessary.

Ultracet 37.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Guidelines state that opioid use should include ongoing review and documentation of the patients pain relief, functional status, appropriate medication use and side effects. In this case, there was no documentation of the patients pain relief, functional status, and side effects. The request for Ultracet 37.5 mg #30 is not medically appropriate and necessary.